| COVERING JANUARY 1 THROUGH JUNE 30 DUE AUGUST 15 COVERING JULY 1 THROUGH DECEMBER DUE FEBRUARY 15                                                                                                                                                                                                                                                                       | Lobbysst's Registration Numbe                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Instructions  Print in ink or type.  Fill in Registration Number in spaces provided.  Complete form, have it notarized and roturn to the Board of Et Plaza Blvd., Suite 200, Baton Rouge, LA 70809 (504) 922-1.  This form must be delivered or postmarked by the due date.  This form may be faxed to (504) 922-1414. The original shou on the day of fax transmittal. | 1981 030 E                                     |
| 1. Name Reader Connic                                                                                                                                                                                                                                                                                                                                                   | Smiley                                         |
| 3. Business Phone (504) 767-2009                                                                                                                                                                                                                                                                                                                                        | un, Baton Risuge, La. 70808                    |
| Area Code and Telephone Numi     Total of all expenditures made January 1 through Jacobski (Include expenditures from Schedules A and B)                                                                                                                                                                                                                                | ul.                                            |
| <ol> <li>Total of all expenditures made July 1 through Dece<br/>(When Applicable) (Include expenditures from Schedules Applicable)</li> </ol>                                                                                                                                                                                                                           | mber 31; \$ // A                               |
| <ol> <li>Total of all expenditures made during calendar year<br/>(Line 4 added with Line 5 should equal Line 6)</li> </ol>                                                                                                                                                                                                                                              | r: s <u>N/A</u>                                |
| 7. Did you make an expenditure exceeding \$50 on one                                                                                                                                                                                                                                                                                                                    | e occasion for any one legislator:             |
| From January I through June 30? Yes From July I through December 31? Yes                                                                                                                                                                                                                                                                                                | 区 No 区 NA                                      |
| If the answer to either question in Number 7 above i                                                                                                                                                                                                                                                                                                                    | is YES, please complete Schedule A and attach. |

## LOBBYING EXPENDITURE REPORT



| 8.                                                                                                                                                                                                                                                                                                                                                             | Did you make expenditures exceeding the sum of \$250 for any one legislator:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                | From January 1 through June 30?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                | If the answer to either question in Number 8 above is YES, please complete Schedule A and attach.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 9. Did you expend finds for a reception, social gathering, or other function to which the entire legislature, either house, any standing committee, select committee, statutory committee, commit created by resolution of either house, subcommittee of any committee, recognized caucus, or any delegation thereof were invited during the reporting period? |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                | ☐ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                | If the answer to Number 9 above is YES, please complete Schedule B and attach.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                | State of Louisiana  Parish of East Batan Rouge  Reference to the state of the state |  |
| (                                                                                                                                                                                                                                                                                                                                                              | Before me, the undersigned authority, personally came and appeared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                | Conni & Smiley Regulepho, after being duly sworn by me, did declare and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                | acknowledge to me that the above statements are true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                | Comme Anily Reeder Signature of Labbyist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                | Sworn to and subscribed before me on this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                | Notary Public Joseph Marcoll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

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